



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Robert L. Sax
Art Unit : 2748
Applicant : Cheol Kim
Serial No. : 09/254,058
Filing Date : June 14, 1999
For : CAPTION TYPE LANGUAGE LEARNING SYSTEM USING
CAPTION TYPE LEARNING TERMINAL AND
COMMUNICATION NETWORK

Commissioner of Patents and Trademarks
Washington, D.C. 20231

CERTIFICATE OF MAILING

I certify that the attached Transmittal Letter (in duplicate), Preliminary
Amendment and check for \$360.00 is being deposited with the United States Postal Service as
first class mail in an envelope addressed to:

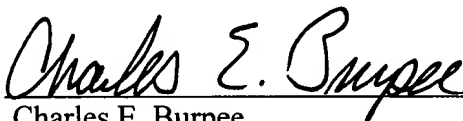
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on October 2, 2000.

Respectfully submitted,

CHEOL KIM

By: Warner Norcross & Judd LLP



Charles E. Burpee
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cheol Kim

Group Art Unit: 2748

Serial No.: 09/254,058

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TYPE LEARNING TERMINAL AND COMMUNICATION NETWORKCOMMISSIONER OF PATENTS AND TRADEMARKS
WASHINGTON, D.C. 20231

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*45	Minus	** 20	25	x \$9	\$225	x \$18	\$0
Independent Claims	*5	Minus	*** 5	-0-	x \$40	\$0	x \$80	\$0
First Presentation of Multiple Dependent Claim					+ \$135	\$135	+ \$270	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$360	\$	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or enclosed.
2. ☐ No additional fee is required.
3. ☒ A check in the amount of \$360.00 is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 23 0457. Two copies of this sheet are attached.

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